

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	4/16/99
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	16	4/20/99
FORMALITY REVIEW	CM	71632	4/29/99

INDEX OF CLAIMS

+ - = R Rejected N Non-elected
 Allowed I Interference
 (Through numeral)..... Canceled A Appeal
 Restricted O Objected

Claim	Final	Original	Date
1		9-28-93	
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If more than 150 claims or 10 actions
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Multiple Copy